BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

39751002

										7.1	OOV	
		CLAIMS AS	FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN S IALL ENTITY	
TOTAL CLAIMS			8					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 1			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 =		*		Ī	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				t	+135=			+270=	
* If the difference in column 1 is less than zero,					r "0" in c	olumn 2	L			OR	TOTAL	218
CLAIMS AS AMENDED - PART II								TOTAL		OR	OTHER	710
	UI.	(Column 1)	INENDED	(Colu		(Column 3)		SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 	Minus	**		=	١	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	Ī	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)								- ;			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
الل	FIRST PRESENTATION OF MULTIPLE DEPENDENT						!	+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(0-10)	A	ADDIT. FEE		JOR	ADDIT. FEE					
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	IMN 2) HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	SERVICE STATE	Minus	••	, , , , , , , , , , , , , , , , , , , 	=		X\$ 9=	1 66	OR	X\$18=	; ;;
NA PER	Independent	•	Minus	***		=	 	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE D			PENDENT CLAI			╽┟			OR		
1.	If the enter in eat	ıma 1 ie lees thes	the entry in col-	ımn 2 wei	to "N" in ~	dumn 3	L	+135=		OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
ALC:	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numbe	er fou	ind in the ap	propriate bo	x in co	lumn 1.	*

, or the